The Therapeutic Change Process


* Available electronically
Psychodynamic-Interpersonal Therapy


* Available electronically
Experiential Therapy


* Available electronically
Psychotherapy Research/Scientist-Practitioner


* Available electronically
Phobias and Obsessive-Compulsive Disorders


* Available electronically
Psychology 538              Marvin Goldfried
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Panic Disorder


* Available electronically
Social-Evaluative Anxiety and Unassertiveness


* Available electronically
Depression in Adults


Recommended:


Abstract: This study presents 2-year follow-up data of a comparison between complete cognitive-behavioral therapy for depression (CT) and its 2 major components: behavioral activation and behavioral activation with automatic thought modification. Data are reported on 137 participants who were randomly assigned to 1 of these 3 treatments for up to 20 sessions with experienced cognitive-behavioral therapists. Long-term effects of the therapy were evaluated through relapse rates, number of asymptomatic or minimally symptomatic weeks, and survival times at 6-, 12-, 18-, and 24-month follow-ups. CT was no more effective than its components in preventing relapse. Both clinical and theoretical implications of these findings are discussed.


Abstract: Recently hospitalized bipolar, manic patients (N=53) were randomly assigned to a 9-month, manual-based, family-focused psychoeducational therapy (n=28) or to an individually focused patient treatment (n=25). All patients received concurrent treatment with mood-stabilizing medications. Structured
follow-up assessments were conducted at 3-month intervals for a 1-year period of active treatment and a 1-year period of posttreatment follow-up. Compared with patients in individual therapy, those in family-focused treatment were less likely to be rehospitalized during the 2-year study period. Patients in family treatment also experienced fewer mood disorder relapses over the 2 years, although they did not differ from patients in individual treatment in their likelihood of a first relapse. Results suggest that family psychoeducational treatment is a useful adjunct to pharmacotherapy in decreasing the risk of relapse and hospitalization frequently associated with bipolar disorder.


Abstract: Objectives: To study the relationship between adherence to use of and efficacy of antidepressant drugs plus psychological treatment vs drug treatment alone in depressive disorders. Data Sources: MEDLINE, Current Contents, PsycInfo, Cochrane Library, and reference lists were searched searched, from January 1980 to November 2002. Study Selection: Randomized clinical trials comparing antidepressant treatment alone with antidepressant treatment in combination with a psychological intervention in depressive disorders were considered. The decision to include studies in the meta-analysis was performed by 2 reviewers. Methodological quality of the studies was evaluated in terms of allocation concealment and independence of evaluators. Data Synthesis: Sixteen trials met the inclusion criteria, with 932 patients randomized to pharmacotherapy alone and 910 to combined treatment. Overall, patients receiving combined treatment improved significantly compared with those receiving drug treatment alone, but dropouts and nonresponders did not differ in distribution between the 2 treatment modalities. Studies longer than 12 weeks showed a significant advantage of combined treatment over drug treatment alone, with a significant reduction in dropouts compared with nonresponders.

* Available electronically
Borderline Personality Disorder


Depression in Children and Adolescents

Overview

Assessment (Recommended, Not Required)

Psychosocial Treatments

Pharmacological Treatments (Lots of details, just get the big picture; skim if necessary)

Treatment for Adolescents with Depression Study (TADS) Team. (2004). Fluoxetine, cognitive-behavioral therapy, and their combination for adolescents with depression: Treatment for adolescents with depression study (TADS) randomized control trial. Journal of the American Medical Association, 292, 807-820.
Complicated Grief Reaction and Posttraumatic Stress


* Available electronically